



North Carolina Department of Health and Human Services  
Division of Public Health – Women's & Children's Health Section

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March 31, 2010

**TO:** North Carolina Immunization Program (NCIP) Participants

**FROM:** Beth Rowe-West, R.N., B.S.N., Head  
Immunization Branch

**SUBJECT:** Transition of *Haemophilus Influenzae Type B* (Hib) Vaccine Availability

The purpose of this memo is to inform providers that supplies of Hib-containing vaccines, previously impacted by the December 11, 2007 recall of PedvaxHIB® by Merck, have returned to normal market levels. If your practice has not already done so, you are encouraged to recall children in need of a booster dose of a Hib-containing vaccine. As a result of the resolution of the Hib shortage, the NCIP will no longer be accepting orders for two of the single-antigen *haemophilus influenzae type B* (Hib) products, ActHIB® and Hiberix®. Effective May 1, 2010, the NCIP will only provide the following two Hib-containing products:

- single-antigen PRP-OMP, PedvaxHIB® (CPT® 90647) available universally, that is, for all children; and,
- combination DTaP/IPV/Hib, Pentacel® (CPT® 90698), available for Vaccines for Children (VFC)-eligible children only.

April 30, 2010 will be the last day that ActHIB® and Hiberix® will be available from the NCIP. You may continue to use your current supply of state supplied Hib-containing vaccines that you have in inventory until it is exhausted. Once your supply is exhausted, you may switch to PedvaxHIB® universally for all children  $\geq$  2 months of age through 4 years of age or to Pentacel® for children  $\geq$  2 months of age through 4 years of age who are VFC eligible. Please refer to the coverage criteria posted on our web site for the definition of VFC eligibility. The coverage criteria can be found on the NCIP's website at:

<http://www.immunizenc.com/coveragecriteria.htm>

Please note: a primary series of PedvaxHIB® consists of two doses of vaccine, the first at 2 months of age and the second at 4 months of age. However, when a patient receives a combination of the two types of Hib vaccine during the primary series, the primary series automatically becomes a three-dose series. Some examples of possible scenarios involving combinations of types of Hib vaccines in the primary series are:

Primary series completed with PedvaxHIB® (2 months and 4 months of age with PedvaxHIB®);	Booster should be completed with a dose of PedvaxHIB® at 12-15 months
Mixed series with ActHIB® @ 2 months and PedvaxHIB® @ 4 months	1 more dose of PedvaxHIB® at 6 months to complete primary series; booster of PedvaxHIB® at 12-15 months
Primary series at 2; 4; and 6 months of age with all doses being ActHIB®. Primary series is now complete	Child would need a booster of PedvaxHIB® at 12-15 months

If a child has fallen behind in the series of Hib vaccine, fewer doses may be required to complete the series regardless of the previous brand used. Please refer to the "Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind", which can be found at :

[http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2010/10\\_catchup-schedule-pr.pdf](http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2010/10_catchup-schedule-pr.pdf)

Thank you for your cooperation with this change. If you need additional information or assistance please contact your Regional Immunization Nurse Consultant or the Immunization Help Desk at 1-877-873-6247.

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